PTC/SB/17 (12-04/2)
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| February pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 Applicant claims email antity status. See 37 CFR 1.27 | | Complete if Known | | |
|--|------------|----------------------|--|--|
| | | Application Number | 10/634,457 August 5, 2003 Baker, William J. Anthony Salata | |
| | | Filing Date | | |
| | | First Named Inventor | | |
| | | Exeminer Name | | |
| | | Art Unit | 2837 | |
| OTAL AMOUNT OF PAYMENT | (\$) 65.00 | Attorney Docket No. | GRA110/109733 | |

| TOTAL AMOUNT OF PA | YMENT (\$ | 65.00 | ı | Attorney Docke | il No. | GRA110/109 | 733 | | | |
|---|-------------|--------------------|------------|------------------------------|--------------|-----------------------------------|--|--|--|--|
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | | |
| Check Credit Card Money Order Nona Other (please identify): X Deposit Account Deposit Account Number: 12-1660 Deposit Account Name Shughart Thomson Kilroy For the above-identified deposit account, the Cirector is hereby authorized to: (check all that apply) | | | | | | | | | | |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.18 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION | | | | | | | | | | |
| 1. BASIC FILING, SEA | ARCH AND | EYAMINATION S | EES | | , | | ······································ | | | |
| Application Type | FILING | | | CH FEES Small Entity Fee (5) | EXAMI | NATION FEES Small Entity Fee (\$) | Fees Paid (\$) | | | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | <u></u> | | | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | | | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | | | | |
| Reissue | 30 0 | 150 | 500 | 250 | 600 | 300 | | | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | | | | |
| 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Small Entity Fee (\$) Fee (\$) Fee (\$) 25 25 100 100 180 | | | | | | | | | | |
| Total Claims Extra Claims Fee (\$) Fee Paid (\$) -20 or HP = x = | | | | | | Fee (\$) | Fee Paid (\$) | | | |
| HP = highest number of to Indep. Claims - 3 or HP = | Extra Clair | ns <u>Fee (\$)</u> | • <u> </u> | Paid (\$) | | | | | | |
| HP = highest number of independent dalms paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 = /50 = (mound up to a whole number) x = | | | | | | | | | | |
| 4. OTHER FEE(S) Non-English Specif | | | | | | | Fees Paid (\$) | | | |
| Other (e.g., late filing surcharge): <u>Jerminal Disclaimer (37 CFR 1 20(d))</u> 65.00 | | | | | | | | | | |

SUBMITTED BY Registration No. 33765 Telephone816.374.0523 Signature Kodae (Attorney/Agent) 03/31/ Name (Print Type) Pharic i a 1060 Rod genst Dale March 25, 2005

01 FC: 2) This collection of information is required by 37 CFR 1.138. The information is required to obtain or rotain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gethering, preparing, and submitting the completed application form to the USPTO. Time set vary depending upon the includent case. Any comments on the amount of time you require to complete this form suder suggestions for require, should be sent to the Chief Information Officer, U.S. Department of Comments, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PAGE 2/3 * RCVD AT 3/25/2005 7:17:31 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-110 * DNIS:8729319 * CSID:816 374 0509 * DURATION (mm-ss):01-36